

RETAINING WALL PERMIT APPLICATION

Date:				
Job Address:				
Property Owner	Address			Phone
Office Use: Lot:	Block:	Addition:		
				Detailed Plans Required – d over Four (4) Feet.
Application is hereby m conform with all ordina	_		_	ve-described location. I agree to the specified or not.
Type of Work:				
Height:	Type of Ma	terial:	Total Linear	Feet:
Contractor:		Phone:		
Mailing Address:		City:	State:	Zip:
	cation for permit is n	nade, and that he or she	is owner of said build	e design and construction of the ling or has been authorized by the
Applicant (print name)		Address		Phone#